PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (703) 746-4000

·		Note: A certificate of mailing can only be used for domestic mailings of Fee(s) Transmittal. This certificate cannot be used for any other accompany papers. Each additional paper, such as an assignment or formal drawing, make its own certificate of mailing or transmission.				
BRUCE H. SUITE 1404 5205 LEESB FALLS CHU		OIPE	\$139	I hereby certify that States Postal Service addressed to the M transmitted to the Us	Pertificate of Mailing or Tran this Fee(s) Transmittal is being with sufficient postage for fi ail Stop ISSUE FEE address SPTO (703) 746-4000, on the	smission ng deposited with the Unite rst class mail in an envelop above, or being facsimi date indicated below.
06/2005 MBEYENES 00	000133 501874 1070598	0 ('JUL 0 5 7	2005 క్ర			(Depositor's name
C:1501 1400.	00 DA .	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	10			(Signature
	00 DA	TRADE	MARK			(Date
APPLICATION N	. FILING DATE	FIR	RST NAMED INVE	NTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/705,980	10/705.980 . 11/13/2003		Min-Sheng Liu		BHT-3111-372	6774
Appril Type	CMALL PAIRWING	100/15 555		NURL IOA TION TOTAL	Total page	DAME SAME
APPLN, TYPE	SMALL ENTITY	ISSUE FEE	l	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400		\$300	\$1700	07/05/2005
	EXAMINER	ART UNIT	(CLASS-SUBCLASS		
WAL	BERG, TERESA J	3753		165-080300	,	
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is			
Number is require			listed, no name w			
· <u></u>	AND RESIDENCE DATA TO		4	•• • •	gnee is identified below, the d	ocument has been filed for
3. ASSIGNEE NAME	Inless an assignee is identified orth in 37 CFR 3.11. Completion	below, no assignee data n of this form is NOT a	substitute for filir	ng an assignment.		
3. ASSIGNEE NAME	Unless an assignee is identified orth in 37 CFR 3.11. Completion			ng an assignment. TY and STATE OR CO	•	
3. ASSIGNEE NAME PLEASE NOTE: I recordation as set f (A) NAME OF AS	Unless an assignee is identified orth in 37 CFR 3.11. Completion	(B) R	ESIDENCE: (CI	TY and STATE OR CO	•	
3. ASSIGNEE NAME PLEASE NOTE: I recordation as set f (A) NAME OF AS Industri	Inless an assignee is identified onth in 37 CFR 3.11. Completion SIGNEE	(B)R search Instit	esidence: (ci tute	TY and STATE OR CO	OUNTRY)	R,O,C.
3. ASSIGNEE NAME PLEASE NOTE: I recordation as set f (A) NAME OF AS Industri Please check the approved	Unless an assignee is identified orth in 37 CFR 3.11. Completion SIGNEE al Technology Respirate assignee category or category	(B) R search Instit gories (will not be printe 4b. Pa	ESIDENCE: (CI' tute ed on the patent): ayment of Fee(s):	TY and STATE OR CO	OUNTRY) inchu, Taiwan, F Corporation or other private gro	R,O,C.
3. ASSIGNEE NAME PLEASE NOTE: I recordation as set f (A) NAME OF AS Industri Please check the approved	Unless an assignee is identified orth in 37 CFR 3.11. Completion SIGNEE al Technology Respirate assignee category or category are enclosed:	(B) R search Instit gories (will not be printe 4b. Pa	ESIDENCE: (CI' tute ed on the patent): ayment of Fee(s): A check in the a	TY and STATE OR CO	OUNTRY) inchu, Taiwan, F Corporation or other private gro	R,O,C.
3. ASSIGNEE NAME PLEASE NOTE: I recordation as set f (A) NAME OF AS Industri Please check the appro 4a. The following fee(Assue Fee X Publication Fee	Unless an assignee is identified orth in 37 CFR 3.11. Completion SIGNEE al Technology Respirate assignee category or category are enclosed: (No small entity discount permit	(B) R search Instit gories (will not be printe 4b. Pa	ed on the patent): ayment of Fee(s): A check in the a	HS: Individual mount of the fee(s) is edit card. Form PTO-203	OUNTRY) inchu, Taiwan, F Corporation or other private greenclosed. 88 is attached.	Q.O.C. Dup entity Government
3. ASSIGNEE NAME PLEASE NOTE: I recordation as set f (A) NAME OF AS Industri Please check the approva	Unless an assignee is identified orth in 37 CFR 3.11. Completion SIGNEE al Technology Respirate assignee category or category are enclosed: (No small entity discount permit	(B) R search Instit gories (will not be printe 4b. Pa	ed on the patent): ayment of Fee(s): A check in the a Payment by cred	TY and STATE OR CO	OUNTRY) inchu, Taiwan, F Corporation or other private gro	eup entity Government
3. ASSIGNEE NAME PLEASE NOTE: I recordation as set f (A) NAME OF AS Industri Please check the approve 4a. The following fee(Assue Fee Advance Order 5. Change in Entity S	Unless an assignee is identified orth in 37 CFR 3.11. Completion SIGNEE al Technology Respirate assignee category or category are enclosed: (No small entity discount permit	(B) R search Instite gories (will not be printe 4b. Pa ted) Led) De	ed on the patent): ayment of Fee(s): A check in the a Payment by cree The Director is posit Account No	I'Y and STATE OR CO	DUNTRY) inchu, Taiwan, F Corporation or other private gravenclosed. Is is attached. charge the required fee(s), or	credit any overpayment, topy of this form).

Authorized Signature _

Typed or printed name _ Bruce H. Troxell

26,592 Registration No.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.